

Mental Health Concern

Pinetree Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pinetree Lodge is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 34 people.

People's experience of using this service and what we found

The provider had systems in place to ensure people were protected from abuse and harm.

Risks to people were not always recognised. The service had introduced a new risk assessment tool to address this, but it was too early to see how successful it was. The service did not ensure it had appropriate documentation for the recording of administering topical creams and patches that held medicine. The provider's quality assurance systems did not identify the issues we found during inspection. The registered manager was proactive and ensured all issues were addressed on the first day of the inspection.

Systems were in place to make sure people remained safe in the event of an emergency. The provider carried out checks to maintain the safety of equipment and the home.

Sufficient well-trained and experienced staff were available to ensure people's needs were met. Staff promoted hydration and supported people to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff clearly knew people well. The service had developed positive partnerships with healthcare professionals involved in the service. One healthcare professional we spoke with was complimentary about the end of life care.

People and relatives told us staff were kind and caring. Staff were respectful to people and supported people to maintain their dignity.

Staff supported people to take part in a range of activities and access the local community. Healthcare professionals were complimentary about the delivery of person-centred care. People and relatives told us they had no complaints about the service.

Staff we spoke with told us they were supported by the provider and were encouraged to develop their skills and knowledge. The service was creative in the delivery of training.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Pinetree Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector, a nurse specialist advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Pinetree Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We spoke with the local authority and safeguarding team seeking their feedback on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and five relatives. We spoke with eight staff during the day, including the registered manager, two clinical leads, a head of care, three care staff and a kitchen assistant.

We reviewed five people's care records as well as other records related to the running of the home, such as medicine records, complaints and training records.

After the inspection

We sought and received feedback from two healthcare professionals who have visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question deteriorated to requires improvement.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions had not always been identified and mitigated. For example, one person was administered warfarin, the potential side effects had not been recognised as a risk. This meant staff didn't have guidance to follow to keep the person safe. The registered manager immediately addressed this matter.
- The service had introduced a new risk assessment document, where potential risks to the person were discussed with all staff involved in their care. As this was a new process we could not see how successful it was.
- The provider conducted regular health and safety checks to ensure equipment and the environment was safe for people.
- The provider had contingency plans in place to support people in emergency situations.

Staffing and recruitment

- The provider had a HR department which was responsible for the recruitment of staff. We found on one occasion a staff member had been allowed to work supervised without an Adults First Disclosure and Barring Service check. This meant the service had not conducted the appropriate checks prior to allowing new staff access to people and therefore placed people at risk of harm.

Following the inspection, the provider reviewed their process and changed it to ensure the appropriate checks were undertaken before new staff started work.

- Staffing levels were based on people's needs. They were regularly reviewed by the management team.
- During the inspection we observed enough staff were available to respond to people promptly.

Using medicines safely

- Guidance for the use of 'as required' medicines were not always in place.
- Certain medicines required a body map for staff to record the position of a patch on the person's body. We found this was not always in place and on one occasion it was reported that the patch had been placed on the same site. The registered manager ensured the appropriate documentation was in place by the end of the first day of inspection.
- Medicines were stored safely. There was a lockable trolley for medicines which was stored in a secure room when not in use. The room and fridge temperatures were being checked daily and were within normal

range.

Preventing and controlling infection

- Areas of the service were tired and needed attention. We found radiators were rusty and paintwork was down to the bare wood and metal on pipes. Which made it difficult to clean. The registered manager advised that the provider had plans to decorate.
- Staff had access to personal protection equipment.
- The service had worked in partnership with the local infection prevention & control practitioner.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had completed safeguarding training and knew how to raise concerns.
- The provider had processes to record and review safeguarding matters. The registered manager understood their responsibility to refer safeguarding concerns to the local safeguarding authority and the CQC.
- Accidents, incidents and safeguarding concerns were collected and reviewed for trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they came to live at the service. The pre-assessment did not ask questions to support all the protected characteristics of the Equality Act. The provider had identified this matter and had started to redesign the assessment.
- Information gathered during pre-assessment meetings was used to create people's support plans.
- Staff had visited people in hospital. This meant people were familiar and comfortable with staff before moving to the service. One staff member told us, "We aim for a smooth transition for people."

Staff support: induction, training, skills and experience.

- Training, supervision and appraisals were up to date.
- The service worked with external healthcare professionals in creating bespoke training designed around people's needs.
- The registered manager and clinical leads promoted learning throughout the service which was embraced by the staff team.

Supporting people to eat and drink enough to maintain a balanced diet.

- Feedback about the meals available was varied. Some people told us they enjoyed them, but others said they wished they had better choice.
- People had access to specialist equipment to enable them to remain independent at mealtimes. We observed staff were readily available to support people if required and were attentive to their needs.
- People were advised what was on the menu. We noted chalk menu boards were out of date and no visual menus were available to support people with a dementia.
- The service had recently worked on a hydration project, which promoted and encouraged different ways to ensure people maintained their fluid intake. A staff member told us how one person preferred to drink from a champagne flute. This small change had resulted in the person drinking more.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Records showed people had access to healthcare professionals including doctors, dentists and opticians when needed to maintain their health and wellbeing. One relative told us, "Mam's had the dietician, chiropodist and an optician. They are all looked after."
- One healthcare professional told us, "I can say the staff I met were really enthusiastic and positive about

their service."

Adapting service, design, decoration to meet people's needs.

- People had access to large communal areas, quite lounges and a garden area. Corridors were wide for easy access for those using a wheelchair.
- Some visual signage was available to support people living with a dementia to orientate themselves around the service. Photographs of each person were displayed on their doors to support people locate their room.
- The registered manager advised two bathrooms were being converted into sensory rooms.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager monitored people's DoLS status. Appropriate applications were made when required.
- Staff had completed MCA training and had good understanding of consent. We observed staff supporting people throughout the inspection to make day to day decisions and choices.
- On the first day of inspection we found the service had not always identified restrictions placed on people. For example, as the service did not have call bells, a number of people had listening devices in their rooms. The registered manager addressed this matter immediately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were complimentary about the caring nature of staff. One relative said, "Staff are brilliant. [Person] gets good care, they are always relaxed and well dressed." One person told us, "They are good people I like them".
- We observed staff took time with people. They explained how and why they were supporting them.
- Staff responded quickly when people became unsettled or distressed. They engaged positively and offered physical reassurance with holding hands or a cuddle.
- Staff clearly knew people well. They demonstrated a good understanding of people's care and support needs. We found this in-depth knowledge was not always added to people's support plans.
- The provider had an equality and diversity policy. A working group had been set up to promote and develop ideas in the best way to support people with their sexuality.

Supporting people to express their views and be involved in making decisions about their care give their feedback and views

- Most people had relatives who advocated on their behalf if they needed external advice and guidance. The service assisted people if they needed access to an independent support with a specific decision-making issue.
- There was limited evidence of people being involved in reviews of their care and support. We spoke with the management team about ways of improving people's participation in decision making about their care and capturing their feedback.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and dignity. Staff were able to describe how they supported people with dignity. Each example was individual, and person centred. One staff member told us, "I think how I would feel with two people while I'm naked. I always maintain the person's dignity and cover with a towel to make the person comfortable."
- Staff support people to maintain important relationships.
- The service did not always promote independence. We noted rooms and bathrooms were locked which meant people were unable to access the rooms independently as they had to ask staff to open them. We saw evidence that the provider was currently looking at restrictions placed on people and how best to support them. No one raised any issues about this practise with us.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated good.

This meant people were supported and treated with dignity and respect and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was focused on supporting people to have positive outcomes. This was achieved by a person-centred approach. Care records outlined how the person wished to be supported and gave clear directions for staff to follow. However, through discussions with staff we noted that their extensive knowledge of people was not always reflected within the care records.
- Care plans for associated conditions and care needs had not always been created. For example, catheter care and diabetes. The service amended this by the second day of inspection.
- Healthcare professionals were complimentary about the delivery of person-centred care. One healthcare professional told us, "They treat all their residents as individuals and are very person centred in their approaches."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Pre- assessments gathered information about people's communication needs.
- A sign language interpreter had been used to support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they were always made welcome at the service.
- Staff had received 'OOMPH' training. OOMPH is an organisation which supports services to build person-centred plans, promoting people's well-being through exercise, activities, and engaging days out.
- People told us they took part in a range of activities. These included games, music, reminiscence and outings. One staff member told us about how staff and people enjoyed singing in a local choir.
- The service was part of an intergenerational football reminiscence project. This included the use of images, memorabilia and the support of young football players to bring the sessions to life.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and information on how to raise a concern was displayed

In the entrance to the service.

- The registered manager told us any matters raised were dealt with immediately. People and relatives, we spoke with told us they had no complaints.

End of life care and support

- The service had created and designed a specific document which supported discussions and recorded information about how people wished to be supported at this important time of their life.
- The registered manager told us that the service not only supported the person and their family, but staff member's wellbeing was also considered with debriefing sessions conducted to support staff. One healthcare professional was complimentary about the end of life care delivered at the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of quality assurance systems to monitor the service. We noted these did not always identify the issues we found during the inspection. The registered manager advised an external pharmacist had carried out the last medicines audit and it did not highlight the recording issues we had identified. The registered manager produced an action plan on the first day of inspection to ensure the issues were dealt with immediately.
- A number of ideas to improve the service had been introduced, including with new processes for risk assessments and changes to documentation aiming to achieve a gold standard design within the provider's services. As these are new systems we cannot see how effective they were.
- Regular manager meetings were held where each of the provider's services were discussed and lessons learnt were shared.
- Staff were clear on their responsibility and worked together well. One staff member said, "We all have our different strengths."
- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and people we spoke with told us they thought the service was managed well.
- The service had an open culture. Staff were passionate about providing person centred care and ensuring people had positive outcomes. A clinical lead told us, "Staff go that extra mile. They try to make a difference every day. It might be a little, but it might be a magic moment for someone."
- Staff said the management team were supportive and encouraged their development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager engaged fully with the inspection and was keen to learn. The service used information from a range of sources to reflect and learn when things went wrong.
- The service was open and transparent, a 'you said, we did' notice board was displayed in the entrance of the building which outlined issues raised and how the service had resolved the matters.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was regularly sought from people, relatives and staff. One relative said, "They do listen to what you have to say."
- Staff had the opportunity to discuss the service at supervisions and team meetings. Staff were encouraged to come forward with ideas and be creative. We were shown a video where staff had put together a rap covering aspects of infection control as a way of confirmation of their learning.
- Relatives told us that they were kept fully informed about their family members. One relative said, "I'm kept up to date, if Mam's poorly, they are on the ball that way. It puts my mind at rest."

Working in partnership with others

- The service worked in partnership with a number of agencies. This included the local authority, safeguarding teams and multidisciplinary teams.
- The management had developed strong working relationships with external healthcare professionals. One healthcare professional told us, "They are constantly seeking to improve, always with the focus of what would be best for their residents and their families. In addition to their work with families, their skills in managing complex behaviours and in end of life care are particular strengths."